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AMENDMENT TRANSMITTAL LETTER

CLIENT-MATTER NO.: 66872-016 (P-AR 4802)

SERIAL NO: 09/942,098 FILING DATE: August 28, 2001 **EXAMINER:** P. Duffy

GROUP ART UNIT: 1645 CONFIRMATION NO.:6185

INVENTION: FRET PROTEASE ASSAYS FOR CLOSTRIDIAL TOXINS

TO: COMMISSIONER FOR PATENTS P.O. Box 1450

Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in approximate envelope addressed to: Commissioner factors, P.O. Box 1450, Alexandria, VA 22313-1450 on July 9 2002

22313-1450 on July 9, 2003.

JUL 1 6 2003

andrea & Haselen Andrea L. Gashler, Reg. No. 41,029

July 9, 2003 Date of Signature

TECH CENTER 1600/290(

Transmitted herewith is a response to the Office Action mailed June 9, 2003, in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- X No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE		
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	31		166	-	0	х	\$9	\$18	=	\$	\$
INDEPEN- DENT CLAIMS	2		7	-	0	×	\$42	\$84	=	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		X_NO		\$140	\$280	=	\$	\$
							TOTAL ADDITION	NAL FEE		\$	\$0.00

- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.
- Please charge my Deposit Account No. 502624 the amount of , \$ of which covers the fee for a -month extension of time. A duplicate copy of this sheet is enclosed.

BEST AVAILABLE COPY

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X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

andrea X. Sasuen

Andrea L. Gashler Registration No. 41,029 McDERMOTT, WILL & EMERY 4370 La Jolla Village Drive 7th Floor San Diego, California 92122 858-535-9001



In re Application of

Serial No.: 09/942,098

Commissioner for Patents

Alexandria, VA 22313-1450

Steward et al.

August 28, 2001

CLOSTRIDIAL TOXINS

FRET PROTEASE ASSAYS FOR



Client Matter No.: 66872-016 (P-AR 4802)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: P. Duffy

Group Art Unit: 1645

Confirmation No.: 6185

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,

on July 9, 2003.

July 9, 2003 Date of Signature

RESPONSE TO THE RESTRICTION REQUIREMENT

JUL 1 6 2003

TECH CENTER 1600/2900

Sir:

Filed:

P.O. Box 1450

For:

Responsive to the Office Action mailed June 9, 2003, entry of the amendments and consideration of the following remarks is respectfully requested.

AMENDMENT

Please cancel claims 9 to 44 and 68 to 95.

II. REMARKS

Prior to the present amendment, claims 1 to 95 were The Examiner alleges that these claims are directed to 16 distinct and independent inventions as follows: